OPI

Linda McCulloch, Superintendent

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Local Education Agency (LEA) E-Grants User Account Request Form

(Includes School Districts, Special Education Cooperatives and Community-Based Organizations)

The Authorized Representative is responsible for designating the individuals in the local education agency that are authorized to access the E-grants system. Please use this User Account Request Form to request user accounts and IDs for designated individuals. The OPI's Security Coordinator will create and delete E-Grants user accounts/ IDs for LEA/Organization staff. Fax the completed form to the OPI Help Desk at 406-444-1369. If you have questions regarding this form, please contact the OPI Help Desk at 406-444-3448.

Please note: In addition, OPI has created a form for LEA use called the *LEA Security Form for E-Grants Application Roles*, which must be completed by the LEA and retained locally for audit purposes.

LEA/Organization Name: _____   LE #: _____

<u>**Instructions**</u>**:**

Enter the First and Last Name, Telephone Number, and E-Mail Address. If applicable, enter the Additional LEAs and Delete User Date as described below.

⟶**Additional LEAs**
If the designated individual is authorized to access E-grants for more than one LEA or organization, enter the names of the other LEAs. OPI will create one account instead of multiple accounts for the individual.

⟶**Delete User Date**
In accordance with State of Montana policy, an account is to be deactivated when an individual user no longer needs access to a computer system. Enter the date the individual's access is to be terminated, if known.

First Name	Last Name	Telephone	E-Mail Address	Additional LEAs	Delete User Date

My signature on this form authorizes the OPI E-Grants Security Coordinator to create or delete the user accounts listed on this form.

Authorized Representative:

Name:_____
               (Please Print)

Date: _____
              (mm/dd/yyyy)

Signature: _____

Telephone : _____

E-mail address: _____